Name in Full Riggs Allen

Certificate of Death

Died at Town Daytin County Howard MARYLAND

Date 1894 Month July Day 7th

Age Y. 9 M. — D. —

Native of Md. Occupation —

Male ~~Female~~

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

Divorced

~~Number of children living~~

Husband of Wife

Father's Name Richard Allen

Mother's Name Laura Allen

Cause of Death { Primary Pulmonary tuberculosis

How long sick 2 years

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by Dr. Nichols M.D

Address Daytin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Per. A.

LIBRARY BUREAU, 65968

Name in Full: Hammond A Muir

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Savage — County: Howard

Date of death: Month: 7 — Day: 6 — 1904

Age: Years: 23 — Months — Days

Sex: male — Color or Race: black — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: —

Father's Name: Wm A Muir — Father's Birthplace: —

Mother's Maiden Name: Jane A Muir — Mother's Birthplace: Md

Name of person giving Information: T W Linthicum — How related to deceased: Physician

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 1 year

Immediate: Exhaustion — How long: 4 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T W Linthicum M D

Address: Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU A69510

Name in Full: Reuben H Cook

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Cookville — County: Howard

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Age	Months	Days
	July	18	20		14

Sex: Male — Color or Race: Cold — Birthplace: Howard Co

~~Married~~, Single or ~~Widowed~~ — Occupation:

Name of Wife or Husband:

Father's Name: Oliver Cook — Father's Birthplace: How Co

Mother's Maiden Name: Sarah Cook — Mother's Birthplace: " "

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 6 Mos.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Dr J H Stabler

Address: Dist Meredith

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full — Dronenburg

CERTIFICATE OF DEATH

MARYLAND

Town: near Rockville County: Howard

TO BE ANSWERED BY NEAREST FRIEND

Died at

Date of death	Month	Day	Years	Months	Days
1904	July	18	Age —	3	

Sex: Female Color or Race: White Birthplace: near Rockville

Occupation: Infant Where Residing if not at place of death: at Home

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John T. Dronenburg Father's Birthplace: Ind Co

Mother's Maiden Name: Kate L. Etchison Mother's Birthplace: Ind Co

Name of person giving Imformation: John T. Dronenburg How related to deceased: father

19

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: From information given me by the child's father, I suppose the child died from

How long

Immediate

How long

Were the same age, sex, color, date and place correctly given above? Yes Signature of Physician: [redacted] Address: R.D. 1 Warfield Md.

Accident or Suicide: Medical attend[ance] was only given for a few days had Lisbon. Md

LIBRARY BUREAU A88818

Name in Full: James Helm

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Ellicott City — Town — Howard — County

Date of death 1904 — Month: July — Day: 25 — Age: Years 50 — Months — Days

Sex: Mall — Color or Race: White — Birthplace: Md.

Occupation: Harnessmaker — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Lila Green Helm

Father's Name: Beal Helm — Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Ray. — Mother's Birthplace: Md.

Name of person giving Information: Lila Green Helm — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 2 years

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jno. H. Bloomquist M.D.

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Florence D. Hewson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Athelton — County: Howard

Date of death 1904: Month: July — Day: 8 — Age: Years — Months: 2 — Days:

Sex: Female — Color or Race: Col — Birthplace: Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: John W. Hewson — Father's Birthplace: Md

Mother's Maiden Name: Laura Bruce — Mother's Birthplace: Md

Name of person giving information: John W Hewson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 4 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? a yes

Signature of Physician: Chas R Nelson M.D.

Address: Simpsonville Md

Accident or Suicide?

LIBRARY BUREAU A868

Name in Full: Joseph David Mullinix

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Doughoregan Manor — County: Howard

Date of death	Month	Day	Age: Years	Months	Days
1904	July	18	—	2	13

Sex: Male — Color or Race: White — Birthplace: Howard Co. Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: —

Father's Name: Joseph A. Mullinix — Father's Birthplace: Howard Co. Md

Mother's Maiden Name: Mary A. Specht — Mother's Birthplace: Frd'k Co. Md

Name of person giving Information: Joseph A. Mullinix — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Intestinal Indigestion — How long: 8 days

Immediate: Asthenia, Convulsions — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. B. Gaither

Address: Alberton, Md

Accident or Suicide?

LIBRARY BUREAU A0881G

Name in Full [redacted]

Certificate of Death

Died near Town Jonestown County Howard MARYLAND

Date 1904 Month July Day 12 | Age Y. ~~M.~~ ~~D.~~ | Native of Md | Occupation ~~M~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living ~~M~~

~~Husband~~ of ~~Wife~~

Father's Name Joseph Joyce

Mother's Name Mary Fuller

Cause of Death — Primary: Intra-Uterine (?)

How long sick ~~M~~

Immediate: Still born

Accident, ~~Suicide, Homicide~~

Reported by Wm. B. Gambrill, M.D.

Address Alberton Howard Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Hilda Alverta Shipley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkridge — County:

Date of death 1904: Month: July — Day: 18 — Age: Years — Months: 7 — Days: 20

Sex: Female — Color or Race: White — Birthplace: Elkridge

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Allen Shipley — Father's Birthplace

Mother's Maiden Name: Elizabeth R. Wade — Mother's Birthplace

Name of person giving In formation: Allen Shipley — How related to deceased

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteric Colitis — How long: 10 days

Immediate: Some with Convulsions — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Williams

Address: E R Ridge Howard Co Md

Accident or Suicide? No

LIBRARY BUREAU A98516

Name in Full: Hughes Howard Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Simpsonville — County: Howard

Date of death 1904: Month: July — Day: 29 — Age: Years: — Months: — Days: 17

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: — — Occupation:

Name of Wife or Husband: —

105

Father's Name: Hughes Howard — Father's Birthplace: Md

Mother's Maiden Name: Mrs. Smith — Mother's Birthplace: Md

Name of person giving information: Chas Smith — How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 8 days

Immediate: Convulsions — How long: 1 hour

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas R Wilson Jr

Address: Dr Coroner Simpsonville Md

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full

Lilly M Snyder

Certificate of Death

Died at Town: Mount Vernon County: Howard MARYLAND

Date 1904 Month: July Day: 22nd | Age Y. 32 M. 11 D. 16 | Native of: Md | Occupation: ———

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Geo. W Snyder

Mother's Maiden Name: Mary. S. Snyder

Cause of Death — Primary: Spinal irritation & Neurasthenia & Gastro Duodenal Catarrh

Immediate: Inanition & Prostration

How long sick: 7 years in bed

~~Accident, Suicide, Homicide~~

Reported by: Benj. F. Shipley M D

Address: Alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988

Name in Full: Thomas Steward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Dorsey's — County: Howard

Date of death: Month: July — Day: 13 — 1904 — Years: Age 20 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Waiter — Where Residing if not at place of death: Dorsey's

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: Thomas Steward — Father's Birthplace:

Mother's Maiden Name: Caroline — Mother's Birthplace:

Name of person giving Imformation: Wm Jackson — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pul. Tuberculosis — How long: 11 or 5 mos.

Immediate: Inanition — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm R. Earecksoon

Address: Eek Ridge, Md

~~Accident or Suicide?~~

LIBRARY BUREAU A83018

Name in Full — Certificate of Death

John T. Thompson

Died at — Town: Dayton — County: Howard — MARYLAND

Date 1904 — Month: July — Day: 3 — Age: Y. – M. – D. 5 – — Native of: Md — Occupation: —

Male / ~~Female~~ — ~~White~~ / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number ~~of children~~ living

Husband of Wife

Father's Name: Albert Thompson — Mother's Name: Eliza Ridgely

Cause of Death — Primary: Convulsions — How long sick: 11 day

Immediate: Exhaustion

Accident, Suicide, ~~Homicide~~

Reported by: La Nichols M.D.

Address: Dayton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. — Per C.

LIBRARY BUREAU, 65968

Name in Full: Mabel Walter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fulton — County: Howard

Date of death 1904: Month: July — Day: 30th

Age: Years: 1 — Months: — Days: 4

Sex: Female — Color or Race: White — Birthplace: Fulton -

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband:

Father's Name: Frank H. Walter — Father's Birthplace: Md -

Mother's Maiden Name: Caroline Dinkelmann — Mother's Birthplace: Md -

Name of person giving information: George H. Mewes — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis - — How long: 2 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. L. Ewell -

Address: Highlands, Md -

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Elizabeth White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: West Friendship — County: Howard

Date of death 1904: Month: July — Day: 21 — Age: Years: 29 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Housework & Cook

Name of Wife or Husband: Benjamin Franklin White

Father's Name: John Davis — Father's Birthplace: Maryland

Mother's Maiden Name: Francis Davis — Mother's Birthplace: "

Name of person giving Information: Benj. F. Davis — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Meningitis — How long: 6 days

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. W. Webb & Son

Address: West Friendship Howard County Md

Accident or Suicide? No

LIBRARY BUREAU A86216

Name in Full: Joseph N. Wilkins

CERTIFICATE OF DEATH

MARYLAND

Died at: near Elliott City — Town — County: Howard

Date of death: 1904 — Month: July — Day: 24 — Age: Years: 20 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: Servant — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Joseph Wilkins — Father's Birthplace: Md.

Mother's Maiden Name: Louisa Wallace — Mother's Birthplace: Md.

Name of person giving information: Louisa Wilkins — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 7 months.

Immediate: Asthenia — How long: 1 day.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. Edwin Md.

Address: Elliott City. Md.

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Lilian Mary Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dairy — County: Howard.

Date of death: Month: July — Day: 19 — Year: 1904 — Age: Years: 11 — Months: 7 — Days: 6

Sex: Female — Color or Race: Colored. — Birthplace: Maryland.

Occupation: none. — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: Two weeks.

Immediate: Hemorrhage from bowels. — How long: one week.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E. W. Dacy.

Address: Dixon Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full Martie V Williams — Certificate of Death

Town Daisy — County Howard

Died at near — MARYLAND

Date 1904 — Month July — Day 8 — Age Y. 5 M. — D. 15 — Native of — Occupation

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — Divorced — ~~Number of children living~~

Husband of

Wife

Father's Name John Williams — Mother's Maiden Name Annie Williams

Cause of Death — Primary

Immediate Spasms — How long sick 24 hours

Accident, Suicide, Homicide

Reported by Jno C Williams

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Wm Monroe Wright

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Dorsey — County: Howard

Date of death 1904: Month: July 4th — Day: 11th — Age: Years: — Months: 5 — Days:

Sex: male — Color or Race: white — Birthplace: Maryland

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: C W Wright — Father's Birthplace: Virginia

Mother's Maiden Name: Rosa A Bozeena — Mother's Birthplace: Maryland

Name of person giving information: C W Wright — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteritis Colitis — How long: one week

Immediate: Convulsions — How long: one day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516